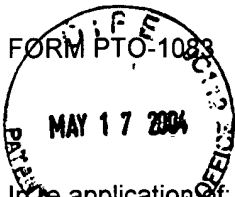


2622



Attorney Docket No. 81800.0011
Patent Application No. 09/428,836

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
YOSHINOBU KANIMOTO
Serial No: 09/428,836
Filed: October 28, 1999
For: NETWORK PRINTING APPARATUS

Art Unit: 2622
Examiner: M. Mitchell

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450
May 10, 2004
Date of Deposit
Anthony J. Oler, Reg. No. 41,232
Name
[Signature]
May 10, 2004
Signature Date

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|---|---|---|---|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE | 12 | - | 20 ** | 0 | LG=\$18 SM=\$9 | \$0 \$ 0 |
| INDEPENDENT CLAIMS FEE | 3 | - | 4 *** | 0 | LG=\$84 SM=\$42 | \$0 \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140 | \$ 0 |
| Independent Claims: 4, 8, 15 | | | | | TOTAL | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Date: May 10, 2004

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

Respectfully submitted,
HOGAN & HARTSON LLP
By: *[Signature]*
Anthony J. Oler
Registration No. 41,232
Attorney for Applicant(s)

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